

2019 Dual Special Needs Plan Model of Care Evaluation Summary of Findings

What is a Dual Special Needs Plan (DSNP) Model of Care (MOC)?

A DSNP Model of Care describes how we give healthcare services to our DSNP members. We want to give you the best care that is reliable and easy to access. Every year we check the quality of the care and service we give you. We set goals and follow steps and actions if we do not meet these goals.

Here are some ways we check the quality of our services:

- Member Satisfaction Survey

- How Easy it is to Get an Appointment and See Your Doctors

- How Close Doctors are to Your Home

- Complaints about Getting Care

- Care Coordination

- Hospital and Emergency Room (ER) Use

- Member Satisfaction with Case Management Services

- Transitions of Care

- Information on the Care You Get from Your Doctors to Keep You Healthy

What happens if we do not meet our goals?

We find the best possible way to meet our goals. We come up with new plans until we get to our goal.

How did we do in 2019?

1. Member Satisfaction Survey – Our goal is to make sure you are satisfied as a member of our health plan.

Every year we send out a survey that asks you about your experience with your doctors and the health plan. We want to make sure you are happy with the care you are getting. We also want to make sure you get the best service from the health plan.

We improved and met goals on Rating of Health Plan, Rating of Health Care, and Rating of Drug Plan.

We did not meet our goals for Rating of Personal Doctor, Rating of Specialist, Getting Care Quickly, Getting Needed Care, Getting Needed Prescription Drugs, How Well Doctors Communicate, Health Plan Customer Service, Coordination of Care, and Annual Flu Vaccine.

We know these services are important to you. We will focus on ways to improve. We want to make your experience a positive one.

We want to be your trusted health plan. We listen to what you tell us on surveys. This is an important way of making helpful changes for you. To improve, we will create a team that will work on improving your experience with the health plan.

H5928_20_1146A_C 12182020

2. How Easy it is to Get an Appointment and See Your Doctors – Our goal is to make it easy for you to get care from your doctors.

We met goals for making it easy for you to speak with your doctors. We were able to match our members with a doctor who spoke the same language 95% of the time. We did get member complaints about interpreter services. We will be improving our interpreter services. We will also be talking to doctors about how to help you get interpreter services.

We did not meet goals for making it easy for you to get an appointment. We will talk to doctor offices about timely appointment standards. This will include the importance of timely referrals. We will also survey you on how easy it is for you to see your doctor. This will help us see if we are improving.

3. How Close Doctors are to Your Home – Our goal is to make sure you have access to all types of doctors near your home.

We met our goals of making sure we had enough doctors in the area to provide care to you. We also met our goals of making sure that doctors are located near your home.

Please contact us if a doctor is not available in your area. We offer free transportation services to medical appointments.

4. Complaints about Getting Care - Our goal is to reduce the number of complaints related to getting care. We also check if there are the same complaints about getting care.

We had less than 10 complaints about getting care in 2019. However, we did not meet our goal to reduce the number of complaints.

We did not find any of the complaints to be similar. We will continue to watch for patterns. We will also work to correct complaints as quickly as possible.

5. Care Coordination - Our goal is to improve your health through care coordination.

We ask all members to complete a Health Risk Assessment (HRA). An HRA consists of questions about your health needs. Members are also contacted for an Individualized Care Plan (ICP). The ICP is a plan of action on how to meet your health needs. Finally, we invite members to join a meeting with their care team to discuss ways to improve their health.

We did not meet HRA, ICP, and care team goals. We will make operational changes to fix this problem. Our goal is to contact 100% of members for an HRA, ICP, and care team meeting. We will create an ICP and hold a care team meeting for every member (whether the member chooses to be involved or not).

6. Hospital and Emergency Room (ER) Use - Our goal is to keep members out of the hospital and ER.

We met our goal to lower hospital admits and readmits by 10%. Hospital admits were lowered by 11%. Readmits were lowered by 24%.

We did not meet our goal to lower ER visits by 10%. We will contact members with complex needs to tell them about preventive screenings, regular doctor appointments, and positive lifestyle changes to support good health.

7. Member Satisfaction with Case Management Services - Our goal is to improve your satisfaction with case management services.

Member satisfaction with case management services is 89.1%. We improved by 11% since last year. However we did not meet our goal of improvement by 20%. We will review comments made by members to help improve services.

8. Transitions of Care - Our goal is to improve your health through easy transitions of care from one healthcare setting to another.

We work with hospitals and skilled nursing facilities (SNFs) to make sure we provide timely care to all members.

We look at the following measures:

The plan of care is communicated by us to the SNF within 1 day of your leaving a hospital and moving to a SNF.

Your primary care doctor is notified within 3 business days of your leaving a hospital or SNF and going home.

The discharge plan is discussed with you within 3 business days of your leaving a hospital or SNF and going home.

We did not meet goals for these measures. To correct the problem, we will create a tracking sheet that will be used on an ongoing basis. The tracking sheet will help us better track members transitioning across healthcare settings.

9. Information on the Care You Get from Your Doctors to Keep You Healthy - Our goal is to improve your health by making sure you get preventive health services.

Health plans use information to see how well they are doing with care for members. The goals for the following topics were met:

Helping members quit smoking.

Making sure members have a plan for when they are in the position of being unable to make their own health choices.

The goals for the following topics were not met:

Making sure members answer a group of questions that are used to keep adults over 65 healthy.

Making sure members get a colorectal cancer screening.

Making sure members control their high blood pressure.

Making sure members who need an anti-depressant start and stay on the medication.

Making sure members get preventive services from their doctor.

Making sure members have their medications reviewed after a hospital stay.

We will talk to your doctors about getting you the services you need to prevent chronic health problems. We want to make sure you stay healthy all year long.

A hard copy is available upon request by calling Customer Care at **(800) 776-4466** (TTY: **711**), 8:00 a.m. to 8:00 p.m., seven days a week from October 1 through March 31, and 8:00 a.m. to 8:00 p.m., weekdays (8 a.m. to 5 p.m. Saturday and Sunday) from April 1 through September 30. To download a copy, visit our website at **blueshieldca.com/medicare**.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.

Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻 狀況、性別認同、性取向、年齡或殘障為由而進行歧視。